

PTO/SB/17 (10-08)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/697,082-Conf. #9727 Application Number October 31, 2003 Filing Date

FEE TRANSMITTAL				Filing Date October 31,			2003			
				First Named Inventor		Kazuo Okada				
For FY 2009				Examiner Name P. A. D'agos			no			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 3714							
TOTAL AMOUNT OF PAYMENT		(\$) 1,920.00		Attomey Docket No.		SHO-0039				
METHOD OF	PAYMENT (check	all that apply)								
Check										
x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC										
For the	above-identified depo	sit account, the	Director is	hereby authoriz	ed to: (chec	k all that apply)	)			
x Cr	arge fee(s) indicated	below		Charg	ge fee(s) ind	licated below, e	xcept for t	he filing fee		
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
FEE CALCUL	· /					· · · · · · · · ·				
1. BASIC FILING	G, SEARCH, AND E	XAMINATION F	EES	·						
	FII	LING FEES		ARCH FEES	EXAMIN	IATION FEES	;			
Application Ty	pe Fee (\$	Small Entity Fee (\$)	( Fee (\$	Small Entity ) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees f	Paid (\$)		
Utility	330	165	540	270	220	110				
Design	220	110	100	50	140	70				
Plant	220	110	330	165	170	85	<del></del>			
Reissue	330	165	540	270	650	325				
Provisional	220	110	0	0	0	0				
2. EXCESS CLA		1.0	·	•	·	J		Small Entity		
Fee Description		.:					Fee (\$)	Fee (\$)		
	Each claim over 20 (including Reissues) 52 26									
Each independent claim over 3 (including Reissues)  220 110  Multiple dependent claims 390 195										
Multiple dependent claims				ee Paid (\$)	6.0	ultiple Depend				
Total Claims Extra Claims Fee (\$) F			ee raiu (\$)	_		Fee Paid (	- 1			
HP = highest num	ber of total claims paid for	, if greater than 20.						_		
Indep. Claims	Extra Claims	s Fee (\$)		ee Paid (\$)						
	6 or HP =	X	#				•			
•	ber of independent claims	paid for, if greater	tnan 3.							
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =										
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity										
Other (e.g., late filing surcharge):  1253 Extension for response within third month 1,110.00 1801 Request for continued examination (RCE) (see 37 810.00										
SUBMITTED BY	71 1/									
Signature	(auxe			Registration No. (Attorney/Agent)	29,211	Telephone	(202) 95	5-3750		
	Carl Cabaciles de					I 6-4-	A maril O	2000		

SUBMITTED BY		1/				
Signature	(all)	Se	Registration No. (Attorney/Agent)	29,211	Telephone	(202) 955-3750
Name (Print/Type)	Carl Scha	ukowitch			Date	April 2, 2009

PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE rk Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. 10/697,082-Conf. #9727 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** October 31, 2003 FEE TRANSMITTAL Filing Date Kazuo Okada First Named Inventor **For FY 2009** P. A. D'agostino Examiner Name Applicant claims small entity status. See 37 CFR 1.27 3714 Art Unit SHO-0039 TOTAL AMOUNT OF PAYMENT 1,920.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): Check Deposit Account Name: Rader, Fishman & Grauer PLLC x Deposit Account Deposit Account Number:\_ 18-0013 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x | Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) 330 540 270 220 110 Utility 165 50 140 70 Design 220 110 100 170 85 Plant 220 110 330 165 330 165 540 270 650 325 Reissue Provisional 220 110 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 52 26 Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195 Fee Paid (\$) **Multiple Dependent Claims** Extra Claims **Total Claims** Fee (\$) - 40 or HP Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Indep. Claims Extra Claims - 6 or HP = X HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Number of each additional 50 or fraction thereof Extra Sheets Fee (\$) **Total Sheets** (round up to a whole number) x - 100 = /50 = Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity 1253 Extension for response within third month 1,110.00 Other (e.g., late filing 810.00 1801 Request for continued examination (RCE) (see 37... surcharge): SUBMITTED BY Registration No 29.211 Telephone (202) 955-3750 Signature (Attorney/Agent) Date April 2, 2009 Name (Print/Type) Carl Schaukowitch

Docket No. MENDMENT TRANSMITTAL LETTER SHO-0039 Filing Date Examiner Art Unit Application No. 3714 October 31, 2003 P. A. D'agostino 10/697,082-Conf. #9727 Applicant(s): Kazuo OKADA Invention: GAMING MACHINE TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. **CLAIMS AS AMENDED** Claims Highest Remaining Number Number Extra Claims Previously After Amendment Paid Present Rate **Total Claims** 40 Х 4 Independent 1 6 Х **Claims** Multiple Dependent Claims (check if applicable) Extension for response within third month; Request for continued examination (RCE) (see 37 CFR 1,920.00 Other fee (please specify): 1.114)TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 1,920.00 Small Entity x Large Entity No additional fee is required for this amendment. X Please charge Deposit Account No. \_\_\_\_18-0013 1,920.00 in the amount of \$ A check in the amount of \$ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. 18-0013 X The Director is hereby authorized to charge and credit Deposit Account No. as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. al Dated: April 2, 2009 Carl Schaukowitch Attorney/Agent Reg. No.: 29,211 RADER, FISHMAN & GRAUER PLLC 1233 20th Street, N.W. Suite 501 Washington, DC 20036

(202) 955-3750

APR 02 2009
Application No

AP - APPELL	Docket No. SHO-0039					
Application 10/697,082-Co		Filing Date Exa October 31, 2003 P. A. D				
oplicant(s): Kazı						
vention: GAMIN	G MACHINE					
,	TC	THE COMMI	SSIONER FO	OR PATENTS		
ransmitted here						
		CLAIM	S AS AMENI	DED		
Claims Remaining After Amendment		Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	4	- 40 =		x		
Independent Claims	1	- 6 =		×		
Multiple Depend	ent Claims (ch	eck if applicabl	e)			
Other fee (pleas	1,920.00					
TOTAL ADDIT	1,920.00					
X Please charged A check in the Payment by	ge Deposit Acc ne amount of \$ credit card. Fo	orm PTO-2038	to cover	Small Entity  n the amount of \$ _  the filing fee is enc	1,920 losed	
as described		licate copy of		Deposit Account Nenclosed.	o. <u>18</u>	3-0013
X Charge a	//		on processing	fees required under :	37 CFR 1.	16 and 1.17.
Carl Schaukow Attorney/Agent		211		Dated:	April 2	, 2009
RADER, FISHM 1233 20th Stree Suite 501 Washington, D6 (202) 955-3750	MAN & GRAUE et, N.W. C 20036					